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A. BUTLER FEB - 5 2022

## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: Spotless Carcus, Name of Lin	ash and Defailing mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	abmitted for filing.
Please return all correspondence concerning this matte	er to the following:
Kelan	Grahan Name of Person
Spotles	Carway and Detaling Firm/Company
9908	Sw 2014cm
Manie	A 33190 City/State and Zip Code
Spotusspresh E-mail address:	(to be used for future annual seport notification)
For further information concerning this matter, please	call:
Kelau Graham Name of Person	at (186) 107-5858 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section Division of Corporations
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company a  (A Florida Limited Liabi	s it now appears on our records.)  lity Company)
The Articles of Organization for this Limited Liability Company wer Florida document number <u>L2200014580</u> .	e filed on Jan yory 06, 2072 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability  The new name must be distinguishable and contain the words "Limited Liability"	LC
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office addingent and/or the new registered office address here:	ess on our records, enter the name of the new registered
Name of New Registered Agent: Kelan	Groham Suy Tarr
New Registered Office Address: 9700	Enter Florida street address
Meani	. Florida <u>33/90</u>
Your Designated Assent's Signature if changing Begictered Assents	City Zip Code
Kow Magistarod Agant's Nignatura it changing Magistarad Agant	

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
			□Change
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an effective of the	te, if other than the late is listed, the date mu date inserted in this b ffective date on the E	ist be specific and olock does not me	cannot be prior t eet the applica		more than 90 days		
record spec I is filed.	fies a delayed effecti	ve date, but not a	an effective tin	ne, at 12:01 a.m.	on the earlier of	of: (b) The 90th	day after the
ated	January	14	2022				
	1 1	NZ . 11	7 /1/1				
_	———— <del>—————————————————————————————————</del>	Signature of a m	nember or autho	fized representative	e of a member		<del></del>